

**ANXIETY AND DEPRESSION SYMPTOMS
ASSESSMENT QUESTIONNAIRE –
RCADS-47**

**Version for children and adolescents
aged 8 to 17 years old**

Patient's last name		File number	
Patient's first name			
Health insurance number		Exp.	Year Month
Date of birth	Year	Month	Day
Address (no., street)		Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
City		Postal Code	

School Grade *	
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* 3rd grade of elementary school to 1st year of Cegep or college

► **How often do each of these things happen to you?**

1. Answer each item based on the last month or the period of time since your last appointment.
2. Use the scale at the top of the table.
3. Answer each item by checking the box that represents your situation the best.

Items	Never	Sometimes	Often	Always
	0	1	2	3
1. I worry about things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. I feel sad or empty.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. When I have a problem, I get a funny feeling in my stomach.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. I worry when I think I have done poorly at something.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. I would feel afraid of being on my own at home.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Nothing is much fun anymore.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. I feel scared when I have to take a test.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. I feel worried when I think someone is angry with me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. I worry about being away from my parents.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. I get bothered by bad or silly thoughts or pictures in my mind.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. I have trouble sleeping.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. I worry that I will do badly at my school work.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Patient's last name	Patient's first name	File number
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Items	Never	Sometimes	Often	Always
	0	1	2	3
13. I worry that something awful will happen to someone in my family.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. I suddenly feel as if I can't breathe when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. I have problems with my appetite.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. I feel scared if I have to sleep on my own.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I have trouble going to school in the mornings because I feel nervous or afraid.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. I have no energy for things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. I worry I might look foolish.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. I am tired a lot.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. I worry that bad things will happen to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. I can't seem to get bad or silly thoughts out of my head.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. When I have a problem, my heart beats really fast.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. I cannot think clearly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. I suddenly start to tremble or shake when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. I worry that something bad will happen to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. When I have a problem, I feel shaky.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. I feel worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. I worry about making mistakes.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. I worry what other people think of me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Patient's last name	Patient's first name	File number
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Items	Never	Sometimes	Often	Always
	0	1	2	3
34. All of a sudden I feel really scared for no reason at all.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
35. I worry about what is going to happen.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
36. I suddenly become dizzy or faint when there is no reason for this.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
37. I think about death.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
38. I feel afraid if I have to talk in front of my class.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
39. My heart suddenly starts to beat too quickly for no reason.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
40. I feel like I don't want to move.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
43. I feel afraid that I will make a fool of myself in front of people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
44. I have to do some things in just the right way to stop bad things from happening.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
45. I worry when I go to bed at night.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
46. I would feel scared if I had to stay away from home overnight.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
47. I feel restless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Revised Children's Anxiety and Depression Scale – RCADS-47 © 2003 Bruce F. Chorpita

Questionnaire completed by:	Date :		
Signature	Year	Month	Day

Section reserved for the practitioner

A. Raw score for separation anxiety symptoms (items: 5, 9, 17, 18, 33, 45 and 46) ..

B. Number of separation anxiety symptom items x

C. Number of answered separation anxiety symptom items (≥ 5)* /

D. Adjusted separation anxiety symptom score =

E. Separation anxiety symptom T Score ** =

F. Is the T score greater than the clinical cut-off value of 65? Yes No

G. Raw score for general anxiety symptoms (items: 1, 13, 22, 27, 35 and 37)

H. Number of general anxiety symptom items x

I. Number of answered general anxiety symptom items (≥ 4)* /

J. Adjusted general anxiety symptom score =

K. General anxiety symptom T Score ** =

L. Is the T score greater than the clinical cut-off value of 65? Yes No

Section reserved for the practitioner

M. Raw score for panic disorder symptoms (items: 3, 14, 24, 26, 28, 34, 36, 39, 41)

N. Number of panic disorder symptom items **x**

O. Number of answered panic disorder symptom items (≥ 7)* **/**

P. Adjusted panic disorder symptom score **=**

Q. Panic disorder symptom T Score ** **=**

R. Is the T score greater than the clinical cut-off value of 65? Yes No

S. Raw score for social anxiety symptoms (items: 4, 7, 8, 12, 20, 30, 32, 38 and 43)

T. Number of social anxiety symptom items **x**

U. Number of answered social anxiety symptom items (≥ 7)* **/**

V. Adjusted social anxiety symptom score **=**

W. Social anxiety symptom T Score ** **=**

X. Is the T score greater than the clinical cut-off value of 65? Yes No

Y. Raw score for obsessive-compulsive symptoms (items: 10,16, 23, 31, 42 and 44)

Z. Number of obsessive-compulsive symptom items **x**

AA. Number of answered obsessive-compulsive symptom items (≥ 4)* **/**

BB. Adjusted obsessive-compulsive symptom score **=**

CC. Obsessive-compulsive symptom T Score ** **=**

DD. Is the T score greater than the clinical cut-off value of 65? Yes No

Section reserved for the practitioner

EE. Raw score for depression symptoms (items: 2, 6, 11, 15, 19, 21, 25, 29, 40, 47)

FF. Number of depression symptom items x

GG. Number of answered depression symptom items (≥ 8)* /

HH. Adjusted depression symptom score =

II. Depression symptom T Score ** =

JJ. Is the T score greater than the clinical cut-off value of 65? Yes No

KK. Total raw score for anxiety symptoms (lines: A, G, M, S and Y)

LL. Total number of anxiety symptom items x

MM. Total number of answered anxiety symptom items (lines: C, I, O, U and AA) (≥ 27)[†] /

NN. Adjusted total anxiety symptom score =

OO. Total anxiety symptom T Score ** =

PP. Is the total T score greater than the clinical cut-off value of 65? Yes No

QQ. Total raw score for anxiety and depression symptoms (lines: EE and KK)

RR. Total number of anxiety and depression symptom items x

SS. Total number of answered anxiety and depression symptom items (lines: GG and MM) (≥ 35)^{††} /

TT. Adjusted total anxiety and depression symptom score =

UU. Total anxiety and depression symptom T Score ** =

VV. Is the total T score greater than the clinical cut-off value of 65? Yes No

